

*Note:* Please submit an original and *one copy* of the claim by the claim submission target date of the 10<sup>th</sup> of the month following the month claimed. In addition, all claims must be postmarked by the 20<sup>th</sup> day of the second month following the month claimed to be considered for payment.

<p>1. Affix mailing label in space provided below. (If label is not available, fill in agreement number, name and address.)</p> <div style="border: 1px solid black; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">County</th> <th style="width: 20%;">District Code</th> <th style="width: 30%;">School Code</th> <th style="width: 40%;">Sub Code</th> </tr> <tr> <td style="height: 30px;"></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Name of Participant _____</p> <p>Address _____</p> <p>City _____ Zip Code _____</p> </div>						County	District Code	School Code	Sub Code																	2. Month covered by report		Month 	Year 	
						County	District Code	School Code	Sub Code																					
						3. <input type="checkbox"/> a. This is an original claim. <input type="checkbox"/> b. This is an adjusted claim.																								
						<b>ITEM 4 &amp; 5 for State use only</b>																								
						4. Adjustment Number			5. Reason Code																					
						6. Number of children receiving free meals			10. Number of children receiving free meal supplements																					
		A. Authorized Sites Participating	B. Enrollment	C. Number Of Operating Days	E. Free Meals Served	G. Total Meals Served																								
12. National School Lunch/Supper (Program A)																														
13. Basic School Breakfast (Program B)																														
14. Especially Needy School Breakfast (Program C)																														
16. Meal Supplements (Snacks) (Program E)																														
<b>FOR STATE USE ONLY</b>																														
<i>I certify that to the best of my knowledge and belief this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing agreement(s), and that I have not received payment for this claim.</i>																														
Name of claim preparer (Please print)			Telephone number of claim preparer  (     ) EXT.		Date																									
Signature of authorized official			Name of authorized official (Please print)		Title of authorized official																									